

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	4					
6	3					
7	3					
8	3					
9	3					
10	10					
11	10					
12	6					
13	1		1			
14	1		1			
15	1					
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	2					
21	10					
22	10					
23	10					
24	10					
25	10					
26	10					
27	10					
28	10					
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1					
42	1					
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			13			
TOTAL DEP.			10			
TOTAL CLAIMS			23			

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS